Government of South Australia

Health
Southern Adelaide
Local Health Network

SLNINCO600208

Neurophysiology Request Form

Telephone: 08 8204 4187 Facsimile: 08 8204 6932

Please tick one box below *(for Medicare billing purposes a named referral is required)*

☐ A/Prof David Schultz	☐ Dr YiZhong Zhuang	☐ Dr Karyn Boundy	☐ Dr Kerrie-Anne Chen (Paediatric EEG)
☐ Dr Joseph Frasca	☐ Dr Emma Whitham	☐ Dr Siew Lee Shu	☐ Dr James Triplett
☐ Dr Lesley-Ann Hall	☐ A/Prof Robert Wilcox	☐ A/Prof Mark Slee	☐ Dr Anthony Khoo

Patient details

☐ Outpatient Clinic.....

☐ Inpatient ☐ Specify Ward.....

Patient's Clinical Notes:

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☐ Infectious precautions (e.g.VRE / MRSA)

☐ Patient requires two person assistance

FMC UR:

Family Name:

Given Name(s):

DOB: __ __/ __ __/ __ __ __ __ Male Female

Address:

Home Phone:

Mobile:

☐ Ambulant ☐ Chair ☐ Bed

Procedure/study required:

☐ Routine EEG (Electroencephalogram)

☐ Specialised EEG.....

☐ VER (evoked potential/blink responses)

☐ Botulinum toxin (neurology consult required)

☐ EMG/ nerve conduction study

☐ Carpal tunnel	☐ Right	☐ Left	☐ Bilateral
☐ Ulnar	☐ Right	☐ Left	☐ Bilateral
☐ Lateral Popliteal	☐ Right	☐ Left	☐ Bilateral

☐ Facial Nerve palsy ☐ Radiculopathy/Plexopathy

☐ Myopathy ☐ Peripheral neuropathy

☐ Motor Neurone Disease ☐ Other .....

Please complete all details below. Unsigned, undated, incomplete & illegible forms will be returned.

Referral

Referring Doctor (please print)

Referring Doctor signature

Address:

.....

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Provider number:

FMC pager number:

Phone: Fax:

Date:

Patients to bring Medicare card when attending Flinders Medical Centre

Please use black ballpoint pen when completing this form

NEUROPHYSIOLOGY REQUEST FORM

MR72A

SALHN

Reviewed
July 2024